Statistical Bulletin
METROPOLITAN LIFE INSURANCE COMPANY
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America's Children

WITHIN the single decade following World War II, the child population of the United States increased by more than one third, reaching a record total of 55 2/3 million at ages under 18 years in 1955. This rise is without precedent in our history, the gain in the 10 years amounting to more than 14 million. The situation reflects essentially a new outlook toward family life by our young people—the proportion married is at an all-time high, and they are marrying and starting their families earlier.

The growth of our child population during this century is shown in Table 1. From 1900 to 1930, the number of children under 18 years of age rose to 43 million. The increase during these three decades, amounting to nearly 12 1/3 million, was actually less than that in the past decade. In contrast, the number of children declined after 1930 and was only 41½ million in 1945. This drop shows the effect upon our population structure of the low birth rates during most of the intervening period.

Examination of the detail according to age in Table 1 shows that the postwar upsurge in the number of children is concentrated very largely at ages under 10 years. Thus, from 1945 to 1955, the number at ages under 5 years rose by 41 percent and at ages 5-9 years by 58 percent. The increase at ages 10-14 was only 24 percent, while at ages 15-17 years there was actually a small decrease. The latter are the children who were born just before World War II, when the birth rate was still relatively low. Within the next few years, however, the number of teen-agers will rise rapidly as the large cohort of younger children grows older.

Most of our children have the benefits of a normal family life. According to the data in Table 2, in 1955 almost 48 million children under 18 years of age—about 7 out of every 8 of that age—were living with both parents. An additional 600,000 were living with only the father present in the household, and almost 5.2 million with the mother only. The latter include about one-half million children whose fathers were absent because

TABLE 1—CHILDREN UNDER 18 YEARS OF AGE, UNITED STATES, 1900-1955
(Number in Thousands)

Year (As of July 1)	Age, Years				
	Under 18	Under 5	5-9	10-14	15-17
1900	30,712	9,181	8,880	8,086	4,565
1910	35,060	10,672	9,801	9,147	5,440
1920	39,625	11,632	11,523	10,636	5,834
1930	43,008	11,372	12,590	12,041	7,005
1940	40,367	10,579	10,648	11,715	7,425
1945	41,493	12,979	10,822	10,777	6,915
1950	47,050	16,320	13,299	11,144	6,287
1955	55,640	18,307	17,148	13,340	6,845

Note: Data for 1940-55 include population in the Armed Forces.
Source: Various reports by the Bureau of the Census.

of service in the Armed Forces. Somewhat under one million children were living with relatives other than parents, and less than one-half million under other arrangements.

The high proportion of children living with both parents reflects, in part, the favorable mortality trend in the country. This has saved a great many children from orphanhood and kept for them the advantages of care and support by both parents. One generation ago, in 1920, about 6.4 million children under 18 years of age—16 percent of the total—had lost one or both parents by death. In 1955 only 2.7 million children—less than 5 percent of the total—were orphaned, and the great majority were living with the surviving parent.*

Education of children is highly valued in American life. According to a report from the Bureau of the Census, in October 1955, 78 percent of the children at ages 5 and 6 were already attending school. This proportion rose to more than 99 percent at ages 7-13 years, fell somewhat to 96 percent at ages 14-15, and dropped further to 77½ percent at ages 16-17 years.

The decrease in the proportion attending school among late teen-age children reflects their entry into economic life with the approach of maturity and, for girls, marriage and motherhood. In addition to those who leave school, a great many in their teens work part time outside of school hours or during vacation periods. However, less than one fourth of all students of ages 14-17 years are in the labor force while still in school. The average number of employed teen-agers in and out of school was about 2¼ million during 1955. They represented one sixth of all

*Social Security Bulletin, March 1955, p. 18, and February 1956, p. 11.

TABLE 2—FAMILY STATUS AND LIVING ARRANGEMENT OF SINGLE CHILDREN UNDER 18 YEARS OF AGE

United States, April 1955
(Number in Thousands)

Living Arrangement	Family Status					
	Total	Both Parents Present	Father Only Present	Mother Only Present	Relative Other Than Parent Present	No Relative Present
Total	54,925	47,721	602	5,177*	970	455
Living in a household headed by own parent	51,024	46,700	511	3,813	—	—
Living in a relative's household	3,184	912	88	1,238	946	—
Living in an unrelated person's household, hotel, or rooming house	493	109	3	126	24	231
Inmate of institution	164	—	—	—	—	164
Member of Armed Forces	60	—	—	—	—	60†

*Includes about one-half million children whose fathers were serving with the Armed Forces.

†Estimated by the Statistical Bureau of the Metropolitan Life Insurance Company.

Note: The term "parent" as used here includes fathers and mothers of adopted children and of stepchildren. The total population at ages under 18 years also includes about 10,000 married males, 232,000 married females, and 5,000 divorced females.

Source of basic data: Various reports and unpublished statistics from the Bureau of the Census.

children at ages 14-15 years, and one third at ages 16-17 years. These figures include a small number of boys aged 17 years serving in the Armed Forces. Among the girls, about 10 percent at ages 16 and 17 years are married. Each year, about 140,000 girls under 18 years of age become mothers, some bearing their second or third child.

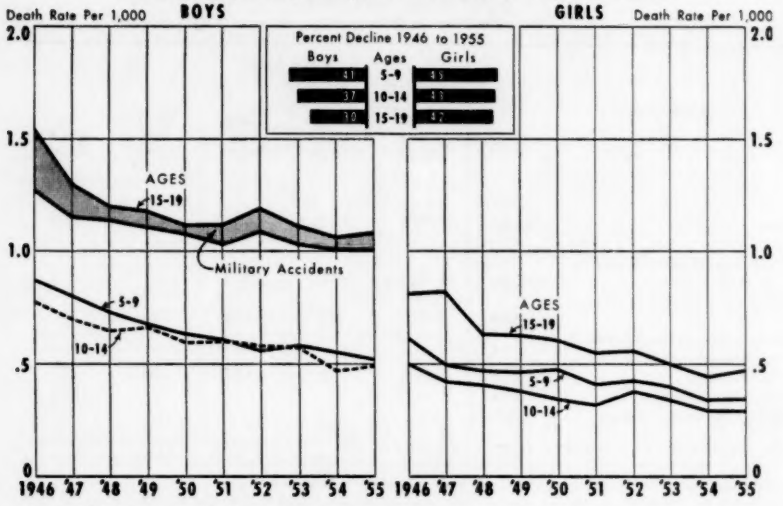
The Health of School Children and Youth

THE school children and youth of today enjoy a remarkably good state of health, according to current mortality records. The experience among Industrial policyholders of the Metropolitan Life Insurance Company, typical of that among the urban wage-earning families of the United States and Canada, shows that at ages 5-14 years the annual death rates in recent years have been only 3 per 10,000 girls and 5 per 10,000 boys. At ages 15-19 years, the corresponding annual rates are about 5 for girls and 12 for boys.

The trend of the death rates during the postwar period is shown in the chart on page 4. With only minor exceptions, there has been a steady reduction in mortality from 1946 to 1955. During this period,

MORTALITY AMONG SCHOOL-AGE CHILDREN AND YOUTH

Industrial Policyholders, Metropolitan Life Insurance Company, 1946–55



Note: Excludes war deaths due to enemy action.

the declines have been relatively more rapid for girls than for boys. For all children and youth at ages 5-19 years, the death rate in 1955 was about 40 per cent less than in 1946.

Accidents constitute the major hazard to the lives of children and young people, according to the table on page 5. Currently they account for about one half of the deaths among boys and for one fourth among girls. For boys, especially, the accident hazard increases rapidly as they reach their late teens.

Cancer and its allied conditions (malignant neoplasms) rank far ahead of all other diseases in the mortality picture for children and youth in 1954-55; there has been a tendency for the death rates to rise. For most of the other major causes of death among school children and youth shown in the accompanying table, the death rates were very low in 1954-55—less than 2 per 100,000 in most instances. Comparison with the record for 1946-47 shows that the major part of the decrease in mortality at this stage of life has been due to the control of diseases of infectious origin. Only one decade ago, tuberculosis was a leading cause of death among children; at ages 15-19, it then ranked first among the diseases in this insurance experience. The declines in tuberculosis mortality during the decade have been spectacular—about 95 percent at ages 10-19 and 85 percent at ages

MORTALITY FROM SELECTED MAJOR CAUSES AMONG SCHOOL-AGE CHILDREN AND YOUTH
Industrial Policyholders, Metropolitan Life Insurance Company, 1946-47 and 1954-55

Cause of Death	Death Rates per 100,000 at Stated Ages					
	5-9 Years		10-14 Years		15-19 Years	
	1954-55	1946-47	1954-55	1946-47	1954-55	1946-47
	Boys					
Accidents, total	23.4	35.1	23.7	34.4	63.9	69.3
Malignant neoplasms	8.1	9.0	6.2	5.8	8.6	8.0
Pneumonia, all forms	2.4	4.1	1.1	2.7	2.2	4.4
Diseases of heart*	.9	3.1	1.9	5.4	3.9	9.8
Communicable diseases of childhood†	.5	3.0	.3	1.4	—	.2
Acute poliomyelitis	1.5	3.0	1.1	3.0	1.1	1.8
Tuberculosis, all forms	.3	2.2	.1	3.0	.5	12.1
	Girls					
Accidents, total	9.8	14.9	7.4	8.4	14.3	13.6
Malignant neoplasms	6.5	5.6	4.3	5.2	6.6	6.1
Pneumonia, all forms	1.5	3.1	1.3	2.2	1.7	2.2
Diseases of heart*	1.0	4.0	2.2	6.2	3.3	6.8
Communicable diseases of childhood†	.7	3.9	.2	.6	—	.3
Acute poliomyelitis	.9	1.7	.9	1.3	.8	1.1
Tuberculosis, all forms	.3	2.2	.2	4.9	1.1	21.1

*Includes rheumatic fever.
†Includes measles, scarlet fever, whooping cough, and diphtheria.

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5-9. Almost as rapid have been the mortality reductions from the communicable diseases of childhood (measles, scarlet fever, whooping cough, and diphtheria) and from heart disease, most of which is due to rheumatic fever at these ages. The death rates from pneumonia have been cut sharply, and marked reductions have been registered for poliomyelitis.

To fill out the health picture, the mortality record must be supplemented by data regarding illness, disability, and impairment. Unfortunately, such morbidity data are very fragmentary. A recent survey of physicians in private practice in the State of Washington* showed that a respiratory disorder—usually a condition of the tonsils and adenoids or the common cold—was the primary complaint among children at ages 5-14 years in about one fourth of the home or office visits. Accidental injuries—principally lacerations of the face and fractures of the upper limbs—ranked next in frequency, accounting for 15 percent of the visits. Sizable proportions of the cases were reported for eye and ear disorders and for the allergies—mainly hay fever and asthma. It is noteworthy that health checkups and immunizations accounted for 7 percent of

*Standish, Seymour, Jr., et al, *Why Patients See Doctors*, University of Washington Press, Seattle, 1955.

all physician visits for children at ages 5-14 years.

Hospital care for school-age children is mainly for surgery, according to the experience among dependents of the office and field personnel of the Metropolitan Life Insurance Company during 1954-55. More than one third of the cases were hospitalized for accidental injuries, usually ambulatory cases treated surgically, and about one fifth for operations on the tonsils and adenoids. Also important as causes of hospitalization were operations for appendicitis and for benign tumors and cysts.

Large numbers of children have impairments requiring rehabilitation and care. Orthopedic impairments are estimated to affect over one million persons under age 21, with possibly half this number seriously crippled. Many of the latter involve a congenital malformation. The number of victims of cerebral palsy and epilepsy at these ages, and those with serious impairments of vision or hearing may reach several hundred thousand. There may be more than 500,000 under 21 years of age with heart disease. Mental disorders and mental deficiency in childhood and youth constitute a problem of significant dimension.

The children and youth of today are benefiting in health from a good environment in the home, at school, and at play. Equally important are the advances in medicine and nutrition that have promoted their health. Further improvement by way of reduction in mortality depends primarily on control of accidents and chronic disease in children. Accordingly, the major goals in child health today emphasize the positive factors by which children may attain optimal physical and mental health. To this end, main reliance must be on fostering good habits of health, nutrition, and safety. The success of efforts in this direction will be greater with recognition of the impact of emotions on attitude and conduct. At the same time, increased attention must be given to the problems of rehabilitating and caring for the children with physical and mental impairments.

Fatal Accidents Among Cyclists

YOUNGSTERS 5 to 14 years of age account for two thirds of the approximately 600 lives lost in the United States each year in accidents involving bicyclists. This death toll could be greatly reduced if cyclists obeyed the traffic rules and kept their vehicles in good running condition. Inasmuch as many of these riders are too young to be familiar with traffic regulations or aware of their significance, motorists need to exercise particular caution when they meet cyclists on the road or when they drive through residential and other areas

NUMBER OF DEATHS FROM BICYCLE ACCIDENTS BY SEX AND AGE

According to Type of Accident, Industrial Policyholders
Metropolitan Life Insurance Company,* 1952-55

Age Period (Years)	Total		Collision With Motor Vehicle	Fall Off Bicycle	Pedestrian Hit by Bicycle	Other and Unspecified
	Males	Females				
All Ages	137	14	120	18	6	7
1- 4	1	2	3	—	—	—
5- 9	21	4	21	2	2	—
10-14	69	8	65	7	—	5
15-19	18	—	12	5	—	1
20-39	6	—	3	1	1	1
40-59	10	—	7	2	1	—
60 and over	12	—	9	1	2	—

*Exclusive of the Pacific Coast and Canada.

frequented by bicyclists.

Some detail regarding bicycle accidents is available from the death claim records of 151 Industrial policyholders of the Metropolitan Life Insurance Company who were killed in this way during the four years 1952-55; the data are shown in the above table. Males accounted for 137 of these deaths; this was nearly 10 times the number among females. Half of the fatalities among the males were concentrated in the five-year age group 10-14; an additional one fourth occurred in the two adjacent age groups, 5-9 and 15-19, combined. Among females, all the deaths were at ages under 15 years.

Collisions with motor vehicles were responsible for four out of every five deaths in this study. Most of these collisions were with passenger automobiles. Trucks and buses were involved in one third of the bicycle-motor vehicle collisions. It is possible that the larger vehicles may cause undue confusion among cyclists, particularly the younger ones.

A wide variety of dangerous actions by cyclists were reported as factors in bicycle-motor vehicle collisions. The most common violations of safe riding were swerving into the path of a motor vehicle, coming out of a driveway without exercising caution, entering a traffic lane from behind a parked car, and racing with other cyclists. Some deaths were attributed to cyclists disregarding stop signs or other safety regulations at street intersections. A number of the bicycles struck by motor vehicles during the hours of darkness were without reflectors or lights.

In other instances it appears, from the information reported, that much of the responsibility for the fatal accident rested with the motor vehicle operator. A few deaths were attributed to hit-and-run motorists.

The most frequent types of fatal bicycle accidents, other than those arising from collision with motor vehicles, were those in which riders

fell or were thrown from bicycles of which they lost control; about one eighth of the persons in this study were killed that way. The various circumstances under which these deaths occurred included carrying extra passengers; some mechanical defect, such as a broken pedal or a loose front wheel; stalling suddenly in soft ground; and striking small objects on the road. A few of the victims were drowned when they lost control of their vehicles on a river bank or a small bridge. Other types of accidents involved collisions between two bicycles or with fixed objects, such as stone walls or poles. A small proportion of the fatally injured were pedestrians struck by cyclists.

The National Safety Council, the Bicycle Institute of America, school and traffic authorities, and other groups have done much to make children aware of the hazards that attend cycling and to teach them safe riding habits. Parents can also play an important role in the prevention of bicycle accidents by stressing safe practices to their children and the need of observing them.

Seasonal Disability Among Outdoor and Indoor Workers

DURING wintertime, the incidence of disability is considerably higher among men engaged in outdoor occupations than among those doing indoor work, but during the remainder of the year the difference in the frequency of disability between the two groups is generally small. This seasonal pattern was observed among "blue collar" workers insured under Personal Accident and Sickness policies in the Metropolitan Life Insurance Company and resident in all areas of the United States and Canada.* The data relate to those who became disabled within the two years 1954 and 1955 by an illness or injury lasting eight days or more.

For both groups of workers the incidence of disability is at its peak in the early part of the year, but outdoor workers have the higher rates. The highest rate (on an annual basis) for outdoor workers—241 per 1,000 reached in March—was about 70 percent above the minimum recorded in July and August. Among the indoor workers, the maximum incidence was recorded in March and April—a little more than 190 per 1,000, but this was only 35 percent greater than the midsummer rates. The details are given in the table on page 9.†

*In this study, the largest groups among the outdoor workers were brick and stone masons—all in the building and construction industry—and drivers of buses, taxis, and mail or light delivery trucks. Among the indoor workers, the leading occupational groups were machinists and machine shop workers, plumbers and steamfitters in the building trades, electricians, automobile service mechanics and garage workers, grocery clerks, and barbers.

†The month of onset in the table is that in which the insured first received payment of a disability claim. The lag between the date of commencement of disability and the date of first payment of benefit will affect, in small degree, the seasonal variations.

INCIDENCE OF DISABILITY AMONG OUTDOOR AND INDOOR WORKERS*

By Cause and Month of Onset†

Personal Accident and Sickness Policies,‡ Metropolitan Life Insurance Company, 1954-55

Cause of Disability	New Cases per 1,000 Policyholders (Rates on an annual basis)											
	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Outdoor Workers												
All causes	178.5	223.5	240.6	203.2	164.9	165.6	144.5	141.3	161.4	149.8	151.0	154.7
Infectious and parasitic diseases	9.4	9.1	9.0	11.2	7.8	7.6	4.2	7.7	5.5	7.0	5.4	7.4
Diseases of central nervous system	3.1	3.6	4.8	4.0	4.2	4.1	2.7	4.3	3.0	2.3	3.8	3.1
Diseases of eye and ear	4.4	2.9	2.3	3.1	2.7	3.2	2.7	1.4	3.0	2.7	2.2	1.5
Diseases of circulatory system	7.8	14.4	14.4	11.8	12.9	10.3	9.0	9.5	10.7	8.6	6.3	9.2
Diseases of respiratory system	36.3	50.6	53.4	43.5	32.7	19.1	11.7	10.6	14.9	15.2	21.2	19.6
Diseases of digestive system	18.4	26.1	33.9	19.9	19.5	18.8	19.2	14.0	20.4	18.6	18.6	15.4
Diseases of genito-urinary system	2.2	4.9	7.1	5.9	4.5	5.3	4.8	3.2	5.8	4.6	3.8	5.2
Diseases of skin and cellular tissue	4.1	6.2	7.6	5.3	5.7	6.2	4.5	4.0	5.8	6.3	7.9	4.6
Arthritis and rheumatism	6.3	5.6	6.8	5.3	2.7	3.5	4.5	3.7	2.4	3.0	2.8	2.1
Diseases of bones and other organs of movement	6.3	9.5	9.6	11.8	6.6	4.1	6.0	5.7	7.9	8.3	3.5	7.7
All other diseases	6.7	10.2	11.1	14.0	7.6	11.9	9.8	9.6	10.4	8.6	13.6	8.9
Accidental injuries	73.5	80.4	80.6	67.4	58.0	71.5	65.4	67.6	71.6	64.6	61.9	70.0
Indoor Workers												
All Causes	143.3	154.1	191.2	192.8	156.0	148.1	141.1	143.9	150.6	150.7	140.5	126.3
Infectious and parasitic diseases	5.9	6.9	9.1	10.6	8.0	4.4	5.4	6.7	4.8	4.7	7.9	4.6
Diseases of central nervous system	3.9	3.1	2.2	2.2	4.2	3.0	1.9	3.8	4.3	2.3	3.7	1.9
Diseases of eye and ear	2.7	1.8	2.0	1.9	3.5	1.1	1.9	1.6	2.9	2.1	2.5	1.9
Diseases of circulatory system	9.1	9.7	13.3	13.1	11.5	13.1	11.7	11.9	11.2	11.4	8.2	7.0
Diseases of respiratory system	31.8	37.4	40.1	35.3	24.9	21.8	14.1	13.2	17.2	16.9	21.5	22.6
Diseases of digestive system	19.3	22.5	29.2	27.1	23.8	22.7	21.6	16.6	17.7	19.5	21.8	18.3
Diseases of genito-urinary system	2.7	3.3	6.9	4.1	3.3	4.1	6.3	5.8	5.2	3.6	5.7	2.6
Diseases of skin and cellular tissue	4.7	3.8	4.4	3.9	2.1	4.4	4.2	7.2	5.0	6.2	4.0	3.4
Arthritis and rheumatism	3.2	2.3	4.2	6.8	2.8	3.9	4.5	3.1	2.4	3.4	2.7	3.4
Diseases of bones and other organs of movement	4.9	5.9	8.0	7.0	6.6	6.2	6.3	7.9	5.2	9.1	6.7	5.5
All other diseases	8.6	8.3	13.8	18.1	12.6	10.6	13.6	11.3	11.2	10.5	11.5	13.2
Accidental injuries	46.5	49.1	58.0	62.7	52.7	52.8	49.6	54.8	63.5	61.0	44.3	41.9

*Skilled and semi-skilled males.

†The data relate only to disability lasting eight days or more; the month of onset is that in which the insured first received payment of a disability benefit.

‡Extra Class Simplex policies.

The widest difference in the frequency of disability between the two groups of workers came in February, when the rate for those in outdoor occupations exceeded that for the indoor group by 45 percent.

For most of the causes of disability shown in the table, during the winter months the incidence rate was higher among outdoor workers than among indoor workers. In February, for example, the incidence of disability for the diseases of the circulatory system and of the genito-urinary system was 1½ times as high among the outdoor as among the indoor workers; the ratio was 1 3/5 to 1 for accidental injuries and for diseases of the skin, the eye and ear, and the bones; for arthritis and rheumatism the ratio was about 2½ to 1.

In the summer, however, for a considerable number of the causes the incidence of disability was lower among the outdoor than among the indoor workers. This reversal with season was particularly marked for the respiratory diseases. Thus, from January through May, this category of diseases recorded a higher frequency among the outdoor workers, but in the remainder of the year the situation was reversed. The circulatory diseases show nearly the same picture.

In this insurance experience, only one cause of disability—accidental injuries—showed a higher incidence among outdoor than among indoor workers throughout the year. The peak accident incidence rate for the outdoor group, reached in February and March, was about 80 per 1,000; for the indoor workers the maximum, recorded in September, was about 64 per 1,000. The lowest rates for the two groups were 58 and 42 per 1,000, recorded in May and in December, respectively. Sprains and strains accounted for approximately one third of all accidental injuries in both groups, fractures for about one fifth, and contusions for about one seventh.

For the two years 1954-55 combined, accidental injuries accounted for two fifths of all the cases of disability among the outdoor workers and for a little more than a third among the indoor workers. In each group, the incidence of such injuries exceeded the combined total for the next two ranking causes of disability, namely, the diseases of the respiratory system and of the digestive system.

The differences in disability between outdoor and indoor workers reflect both selective factors and occupational hazards. Thus, the outdoor occupations would generally be chosen by those who are in robust physical condition. The occupational hazard among outdoor workers makes itself evident in their higher rate of disability from accidents throughout the year. In this insurance experience, the outdoor workers included truck drivers and a large group in building industries who work on ladders, scaffolds, and roofs.

MORTALITY FROM SELECTED CAUSES

Industrial Policyholders, Metropolitan Life Insurance Company

July 1956

Cause of Death	Annual Rate per 100,000 Policyholders*				
	July		Year to Date		
	1956	1955	1956	1955	1954
All Causes†	592.3	601.9	651.7	637.7	643.9
Tuberculosis (all forms)	7.5	9.8	7.9	8.4	9.6
Communicable diseases of childhood	.3	.4	.4	.3	.4
Acute poliomyelitis	.1	.3	.1	.2	.2
Malignant neoplasms	122.1	130.7	131.4	129.4	129.2
Digestive system	41.8	46.0	44.9	45.1	47.4
Respiratory system	15.7	16.5	17.6	16.7	16.4
Diabetes mellitus	12.8	14.3	15.7	15.4	15.1
Diseases of the cardiovascular-renal system	307.8	308.7	347.9	339.5	340.4
Vascular lesions, central nervous system	58.3	62.2	68.0	66.2	65.8
Diseases of heart	226.3	226.3	254.4	247.9	247.2
Chronic rheumatic heart disease	10.7	10.0	12.1	12.6	12.9
Arteriosclerotic and degenerative heart disease	177.6	175.4	197.9	191.0	185.4
Diseases of coronary arteries	102.0	102.3	113.2	110.5	109.6
Hypertension with heart disease	29.9	33.8	35.9	35.9	39.5
Other diseases of heart	8.1	7.1	8.5	8.4	9.4
Nephritis and nephrosis	7.6	6.9	8.2	8.9	9.9
Pneumonia and influenza	11.9	12.0	17.7	16.2	15.6
Complications of pregnancy, childbirth	.9	1.1	1.0	.9	1.0
Suicide	5.0	5.4	5.8	6.3	5.7
Homicide	2.3	2.4	2.2	2.2	2.3
Accidents—total	41.2	42.0	36.9	34.8	36.5
Motor vehicle	16.6	17.5	15.5	14.3	14.3
All other causes	80.4	74.8	84.7	84.1	87.9

*Persons insured under Industrial premium-paying policies for 1954; beginning with 1955 there are included in addition persons with Ordinary Monthly Premium Policies for Less Than $1,000, and beginning with March 1956, persons with Debit Book Ordinary policies for $2,000 or less.

†Excludes war deaths (enemy action).

Note: The rates for 1955 and 1956 are provisional.

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MORTALITY FROM ALL CAUSES

INDUSTRIAL POLICYHOLDERS - METROPOLITAN LIFE INSURANCE COMPANY

	(DEC)	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
1955		6.8	6.7	6.7	6.3	6.1	6.2	6.0	6.3	5.9	6.0	6.1	5.9
1956		7.0	6.5	6.8	6.8	6.4	6.2	5.9					

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